FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Principal Place of E	Business	Mailing Address						
700 EAST DANIA BE SUITE 200 DANIA FL 33004	ach BLVD.	700 EAST DANIA BE SUITE 200 DANIA FL 33004						
2. Principal Place	of Business	2a. Mailing Address						
Suite, Apt. #, et	С.	Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zíp	C	Country				
24	25	29	30					
9	Name and Address of Cu	rrent Registered Agent		04				
RYAN, T	81	Name						

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90102 045 ***150.00



								DIL BURKE BURKE B	
Principal Place	of Business	Mailing Address							
700 EAST DANIA	700 EAST DANIA BEACH BL	EAST DANIA BEACH BLVD.			ļ				
SUITE 200		SUITE 200				DO NOT WRITE IN THIS SPACE			
DANIA FL 33004		DANIA FL 33004			-	3. Date Incorporated or Qualifed			
							07/09/1986		
		I - Martin Address					4. FEI Number	Api	plied For
2. Principal Pla	ice of Business	2a. Mailing Address					59-2706001		Applicable
21		26 Suite Ant # ata				\$8.75 A			
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Re	
22		City & State			6. Election Campaign Financing	\$5.00	May Be		
City & State		City & State			Trust Fund Contribution	Added t			
23 28		Zip	Country				8. This corporation owes the current year Inta	angible	
Zip	Country	. 	30				Personal Property Tax.	∐Yes	□No
24	25 9. Name and Address of Current						10. Name and Address of New Registered	Agent	
	9. Name and Address of Current	Registered Agent		81	Name)		-	
RYAN	I, TIMOTHY			L.J					
700 E. DANIA BEACH BLVD		82 Street A		t Addres	ss (P.O. Box Number is Not Acceptable)		1		
	A FL 33004-3090			83					
DANI	A 1 L 33004-3030								
				84	'		FL	85 Zip (
	- the provisions of Sections 607 0502	and 607 1508 Florida Statute	s. the a	bove	-name	d corpor	ration submits this statement for the purpose of is board of directors. I hereby accept the appoi	changing its	registered
						poration	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoi	ntment as re	gistered
agent. I an	n familiar with, and accept the obligati	ons of, Section 607.0000, Flori	ua Siai	utes	•				Į
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered	l Ager	nt signatur	required v	when reinstating) DATE		
	OFFICERS ANI		13.				ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1,1 T	πE				Change	Addition
NAME	CHAPONNIER, JEAN-FRANCOIS		1.2 N	AME					
	700 E DANIA BEACH BLVD		1.3 S	TREET	TADDRES	s			
STREET ADDRESS	DANIA FL		1	TY-S			·		
CITY-ST-ZIP	VI	DELETE	2.1 TITLE		·	-		Change	Addition
TITLE			2.2 N						
NAME	CHAPONNIER, DENISE				T ADDRES				
STREET ADDRESS	700 E DANIA BEACH BLVD					~		• •	
CITY-ST-ZIP	DANIA FL	☐ DELETE	3.1 7		ST-ZIP	 		☐ Change	☐ Addition
TITLE	SD DENIED DENIES	<u> </u>	3.1 / 3.2 N						
NAME	CHAPONNIER, DENISE				T & DODG				
STREET ADDRESS	100 E DAMA DENOTI DE O			3.3 STREET ADDRESS		20			
CITY-ST-ZIP	D/34011 C		_		ST-ZIP	+		Change	Addition
TITLE		☐ DELETE	4.1 7					_ •	
NAME				NAME					ŀ
STREET ADDRESS			4.3 5	TREE	TADDRES	is			
CITY-ST-ZIP			4.4 CITY-		ST-ZIP	-		Change	Addition
TITLE		☐ DELETE		ITLE		ļ	,	3.12.130	
NAME				LAME		_			
STREET ADDRESS					TADDRE	×	•		*
CITY-ST-ZIP		<u></u>			ST-ZIP	-		☐ Change	Addition
TITLE		☐ DELETE		ITLE		Ì		□ Mange	Lad Addition
NAME				AME					
STREET ADDRESS			6.3	STREE	T ADDRE	SS	•		
CITY, ST. 7IP			6.4	CITY-	ST-ŽIP	_ 1			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an action of the removement. CITY-ST-ZIP

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR